BEST AVAILABLE COPY

								Application or Docket Number					
	PATERT		ATION FEE DETERMINATION RECORD ffective October 1, 2001 SAS FILED - PART I (Column 1) (Column 2) FATE FEE NUMBER FILED NUMBER EXTRA MS 25 minus 20= 15 MS 27 minus 3 = 16 MS 27 minus 3 = 17 MS 20 mi										
CLAIMS AS FILED - PART I (Column 1) (Column 2)													
TOTAL CLAIMS			25	:					FEE		RATE	FEE	
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FE	E 370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			25 mir	เบร 20=	.5			X\$ 9=	45,00	OR	X\$18=		
INDEPENDENT CLAIMS			3 mi	กนร 3 =				X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT						 	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							Į	TOTAL	45.00		TOTAL		
CLAIMS AS AMENDED - PART II									- 	•	OTHER	THAN	
			(Column 2) (_	SMALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
SE SE	Total	. 33	Minus	10	15	=	ſ	X\$ 9=		OR	X\$18=		
ME	independent	. 8	Minus	***	3	•	Ī	X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ı	+140=			+280=		
		7074											
	9.70	ADDIT, FEEOH ADDIT, FEE											
Г	(Column 1) (Column 2) (Column 3)								`ADDI-	1 1		4001	
NT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESENT EXTRA	1	RATE	TIONAL FEE		RÄTE	ADDI- TIONAL FEE	
AMENDMENT B	Total	.33	Minus		28	3	Ī	X\$ 9=		OR OR	X\$18=		
	independent	. 8	Minus	***	8	=	t	X42=		OR	X84=		
~	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ			On			
			•			•	L	+140=		OR	+289=		
					•		A	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)			•				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ĭ D	Total	•	Minus	**		8		X\$ 9=		OR	X\$18=		
AMEN	Independent	•	Minus ·	***		= - ·	ŀ	X42=			X84=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM		F	A46=		OR			
				•		_		+140=		OR	+280=		
**	if the "Highest Nur	mn 1 is less than th mber Previously Pa	id For IN THIS	S SPACE &	s less thai	1 20, enter 20.	A	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE		
***	if the "Hinhest No	mber Previously Pali ber Previously Pal	ild For IN THE	S SPACE I	s less tha	n 3. enter "3."			propriate box				